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(Requestor's Name)

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(City/State/Zip/Phone #)

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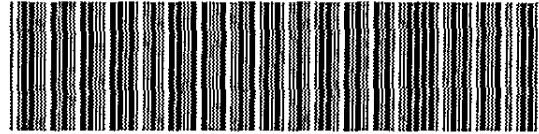
(Business Entity Name)

(Document Number)

Certified Copies \_\_\_\_\_ Certificates of Status \_\_\_\_\_

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SECRETARY OF STATE  
TALLAHASSEE, FLORIDA

J. Shivers JUL 19 2007

**COVER LETTER**

Department of State  
Division of Corporations  
P. O. Box 6327  
Tallahassee, FL 32314

SUBJECT: Orchid Health Care, Inc.  
(PROPOSED CORPORATE NAME - MUST INCLUDE SUFFIX)

Enclosed are an original and one (1) copy of the articles of incorporation and a check for:

\$70.00  
Filing Fee

\$78.75  
Filing Fee  
& Certificate of Status

\$78.75  
Filing Fee  
& Certified Copy

\$87.50  
Filing Fee,  
Certified Copy  
& Certificate of  
Status

**ADDITIONAL COPY REQUIRED**

FROM: Maritza Perez  
Name (Printed or typed)

18268 S.W. 151 Ave.

Address

Miami, Florida 33187

City, State & Zip

305.278.9792

Daytime Telephone number

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**NOTE: Please provide the original and one copy of the articles.**

ARTICLES OF INCORPORATION

OF

Orchid Health Care, Inc.

The undersigned, acting as incorporator of Orchid Health Care, Inc. under the Florida Business Corporation Act, adopts the following Articles of Incorporation. In compliance with chapter 621, F.S.

**ARTICLE I. NAME**

The name of the corporation is Orchid Health Care Inc.

**ARTICLE II. ADDRESS**

The mailing address of the corporation is  
18268 S.W. 151 Ave. Miami, Florida 33187

**ARTICLE III. COMMENCEMENT OF EXISTENCE**

The existence of this professional corporation will commence on the date of filing of these Articles of Incorporation. The corporation is organized to engage in any activity or business permitted under the laws of the United States and Florida.

**ARTICLE IV. AUTHORIZED SHARES**

The maximum number of shares that the corporation is authorized to have outstanding at any time is 1,000 shares of common stock having a par value of \$ .01 per share.

**ARTICLE V. DIRECTORS/OFFICERS**

Maritza Perez

President


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**ARTICLE VI. INITIAL REGISTERED OFFICE AND AGENT**

The street of the initial registered office of the corporation is 18268 S.W. 151 Ave. Miami, Florida 33187 and the name of the corporation's initial registered agent at that address is Maritza Perez

**ARTICLE VII. INCORPORATOR**

The name and street address of the incorporator is Maritza Perez, 18268 S.W. 151 Ave. Miami, Florida 33187.

  
\_\_\_\_\_  
Maritza Perez  
Incorporator

**CERTIFICATE DESIGNATING PLACE OR BUSINESS OR DOMICILE FOR  
THE SERVICES OF PROCESS WITHIN THIS STATE, NAMING AGENT UPON  
WHOM PROCESS MAY BE SERVED.**

Pursuant to Chapter 49.091, Florida Statutes, the following is submitted:

That **Orchid Health Care, Inc.** desiring to organize under the laws of the  
State of Florida with its initial registered office as indicated in the Articles of  
Incorporation at 18268 S.W. 151 Ave. Miami, Florida 33187,  
has named Maritza Perez as its agent to accept service of  
process within this state.

**ACKNOWLEDGMENT:**

Having been named to accept service of process for the corporation named  
above, at the place designate in this certificate, the undersigned agrees to act in  
that capacity, to comply with the provisions of the Florida Business Corporations  
Act, and is familiar with and accepts, the obligations of that position.

Dated this 1<sup>st</sup> day of August, 2007.

By:   
Name: Maritza Perez

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